Medical Form

Center Stage at Frankfort Camp Ministries

1058 W. Freeman Street

Frankfort, IN 46041

(765) 357- 4414

A Medical Form is required for each camper. Bring this form to Check-in when dropping off your camper.

Questions can be sent to Julie McBee at mcbeejulie@yahoo.com or at 317-217-0448

Camper Information:

Camper's name: _____ Date of Birth: ___/___/___ Sex/Gender (circle one): M F

Home Address: _____

City, State, Zip: _____

Medical Information:

Note: Medical information is vital for our staff to best serve your child. It provides our team beneficial knowledge of your child's health history. While we value you and your child's privacy, any information provided will be made available to the camp nurse as well as applicable camp staff.

Primary Care Physician: _____ PCP Phone #: (____) _____-_____

Allergies:

□ Environment (insect bites, bee stings, hay fever, etc.) _____ □ No known allergies

□ Medicine _____ □ Food _____

Diet & Nutrition:

Medications: (if applicable) *Medication is any substance a person takes to maintain and/or improve their health. This includes vitamins and natural remedies.

□ This camper will not take any daily medications/vitamins* while attending camp.

□ This camper will take the following daily medications/vitamins* while at camp:

□ Camper eats a regular diet	□ Camper eats a diabetic diet	□ Camper is gluten intolerant
□ Camper is lactose intolerant	□ Camper eats a vegetarian diet	

Immunization Record: Tetanus/Diphtheria DPT/TD _____ (enter date)

All medications/vitamins must be in the original pharmacy container/bottle labeled with the camper's name and how the medication/vitamin should be given. Provide enough of each medication/vitamin to last the entire time the camper will be at camp. All medications/vitamins will be turned in to the camp nurse at time of check-in.

Name of Medication	Dosage	Time to be Administered	How it is given
		□ Breakfast □ Lunch □ Dinner □ Bedtime □ As needed	
		□ Breakfast □ Lunch □ Dinner □ Bedtime □ As needed	
		□ Breakfast □ Lunch □ Dinner □ Bedtime □ As needed	
		□ Breakfast □ Lunch □ Dinner □ Bedtime □ As needed	
		□ Breakfast □ Lunch □ Dinner □ Bedtime □ As needed	
		□ Breakfast □ Lunch □ Dinner □ Bedtime □ As needed	

Insurance Information:

Camper is covered by family health/medical insurance: □ Yes □ No

Policy Holder's Name: _____ Relationship: _____

Employer's Name: _____ Insurance Provider: _____

Group #: _____ Policy #: _____

In case your camper must be taken to a medical facility, include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.

General Health Questions: Circle conditions that pertain to camper

Diabetes Asthma Seizures/Frequency: _____ Bedwetting Sleepwalking

ADD/ADHD PTSD Past Trauma: _____

List other medical conditions: _____

CAMP ACTIVITIES: Any instructions/precautions or restrictions to be taken during routine camp activities?

Authorization:

Parent/guardian consent to Medical, Dental, or Hospital Care Limited purpose power of attorney: Consent to treat a minor

I, _____ (parent or legal guardian) am the parent or legal guardian of _____ (camper name) hereinafter "my child" who was born on _____ (date of birth). I consent to any x-ray, examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. I further agree to pay all charges for the dental, medical, or hospital care or treatment.

I give permission/power to a staff or adult volunteer (at least 18 years old) of Center Stage/Frankfort Camp Ministries on behalf of all emergency treatment, medical care, or dental treatment of _____ (child's name) that is determined necessary or desirable by the child's attending physician or dentist.

I give permission to the staff, employees, volunteers or counselors at Center Stage/Frankfort Camp Ministries to treat minor injuries and give medicine.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____ Date: _____